STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 000	INITIAL COMMENTS This Statement of Deficiencies was generated as a result of a Full Medicare survey initiated on March 30, 2009 and completed on April 8, 2009. The facility was found to be in compliance with all Conditions of Participation. There were standard level deficiencies identified. Two State Licensure complaint surveys were also conducted: Complaint #NV00021145 was substantiated with deficiencies cited. Complaint #NV00021177 was unsubstantiated. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.	A 000		
A 119	482.13(a)(2) PATIENT RIGHTS: REVIEW OF GRIEVANCES [The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance.] The hospital's governing body must approve and be responsible for the effective operation of the grievance process, and must review and resolve grievances, unless it delegates the responsibility in writing to a grievance committee. This STANDARD is not met as evidenced by: Based on interview and documentation, the facility failed to have the governing body approve the grievance policy and procedure.	A 119		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 119	Continued From page 1 Findings include: Review of the grievance policy titled "Patient Complaints/Grievances" effective March 1, 2009 revealed that there was no approval process of the policy or procedure for grievances by the governing body. Interview with the Ombudsman, Risk Manager, and Quality Improvement coordinator on 3/31/2009 confirmed that although the governing body received reports on a quarterly basis of the grievances received by the facility, they did not approve the policy/procedure.	A 119		
A 133	482.13(b)(4) PATIENT RIGHTS: ADMISSION STATUS NOTIFICATION The patient has the right to have a family member or representative of his or her choice and his or her own physician notified promptly of his or her admission to the hospital. This STANDARD is not met as evidenced by: Based on medical record review and interview with the managers of several nursing units, the facility did not contact the patients' family members or representatives and did not notify the patients' physician of the patients' admission to the hospital. Findings include: Review of patient records admission sheets that were utilized through the medical oncology unit and the telemetry unit revealed that "next of kin" was noted. However, there was no indication that the patient was asked if they wanted to have the facility notify their "next of kin" of their admission. Also the admission form did not indicate whether	A 133		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 133	Continued From page 2 their own physician was notified. Review of patient records would randomly state that "family members present on admission" but no consistent system was in place to assure that patients were being asked if they wanted to have the facility notify the notify a family member or representative or their own physician. Interview of the managers of the Medical/Oncology unit on 3/31/2009 and the manager of the Intensive Care units revealed that the staff did ask for "next of kin" information, however they did not ask if the patient wanted them notified if they were not present. Interview also confirmed that the patient's physician were not notified on a consistent basis. They did state, that some of the hospitalists (physician's who see patients during their hospital stay) did notify the patients' primary physician but not all of them.	A 133		
A 164	482.13(e)(2) PATIENT RIGHTS: RESTRAINT OR SECLUSION Restraint or seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the patient, a staff member, or others from harm. This STANDARD is not met as evidenced by: Based on clinical record review, interview and facility policy review, the facility failed to ensure that physical restraints, specifically a Posey vest restraint and soft limb restraints were used only after less restrictive interventions had been determined to be ineffective to protect a patient from harm, in 1 of 34 patients (#1) Findings Include:	A 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 164	Continued From page 3 Patient #1 was a 50 year old female, who presented to the emergency room by ambulance on 1/11/09, with the primary complaints of seizures, and injury to the tongue. Patient #1 was triaged on arrival at 12:40 PM, where it was determined she was alert and oriented, but could not recall events. She had blood around her mouth and her tongue was swollen at the tip. She was shaking and confused and her husband was at the bedside. At 1:30 PM, Patient #1 had another seizure. At 2:30 PM, she became confused, pulling out her intravenous needle and trying to get out of bed. She was medicated with Ativan and the intravenous line (IV) was restarted. It was documented that the Ativan was effective. There were no other entries that Patient #1 was pulling at the IV or exhibiting any other behaviors that could cause harm. At approximately 3:00 PM, the emergency room physician ordered a Posey vest restraint. He identified that the conditions requiring the restraints were Patient #1's: inability to follow instruction, she was confused/forgetful, her judgement was impaired, she was removing intravenous lines, she was agitated and confused and forgetful or non-compliant. This order also included a pre-typed statement "Alternative measures considered and not feasible or attempted and not effective." This statement was signed by the registered nurse, but it did not indicate what measures were considered or attempted. There was no specific documentation that any alternative measures were attempted in the narrative emergency nurse"s notes. Patient #1 remained in the emergency room approximately three and one half hours and then transferred to ICU.	A 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 164	Continued From page 4 There was no documentation in the narrative admission notes at 5:00 PM on 1/11/09, by the ICU nurse that Patient #1 was restrained. An entry at 7 PM on 1/11/09, indicated that soft limb wrist restraints were placed on Patient #1 because "patient restless, as she became agitated shouting and attempted to climb out of bed and pull at the IV lines". Physician orders indicated that Ativan and Valium were to be used for behaviors and alcohol withdrawal symptoms. The medication record revealed that these were given, but no documentation was evident to demonstrate these were effective enough to remove the restraints. The physician's dictated history and physical on 1/11/09, indicated Patient #1 had two more seizures in emergency. Patient #1 was also having nausea and vomiting. She was diagnosed as having severe alcohol withdrawal. This was dictated at 3:40 PM on 1/11/09. There was no documentation in the history and physical or the physician progress notes that Patient #1 required restraints due to behaviors. Review of the facility restraint policy, last reviewed 11/2007, described the various specific alternatives that could be chosen instead of restraints. These include having the family assist with companionship and supervision, re-orient the patient to their surroundings, assess for pain or discomfort, or cover IV sites with a protective wrap. There was no evidence in either emergency room or ICU documentation that any of these alternatives were attempted. A phone interview with the husband of Patient #1 was conducted on 3/31/09. He acknowledged that his wife had been restrained. He did not	A 164		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 164	Continued From page 5 recall any staff instruction to either him or his wife regarding alternatives to the restraints, such as when he was there, the restraints could be removed if he could monitor his wife's actions. An interview with the ICU charge nurse and an ICU registered nurse on 3/31/09, confirmed the hospital has staff that were used as sitters to assist with alternative interventions, but confirmed that there was no way to check to see if sitters had been requested. The also confirmed that the ICU documentation did not include any alternative measure effectiveness. Cross refer: A0165, A0166, A0167, and A0168	A 164		
A 165	482.13(e)(3) PATIENT RIGHTS: RESTRAINT OR SECLUSION The type or technique of restraint or seclusion used must be the least restrictive intervention that will be effective to protect the patient or others from harm. This STANDARD is not met as evidenced by: Based on clinical record review, interview and facility policy review, the facility failed to ensure that the type of restraints were the least restrictive and that there was no order for the soft wrist restraints for 1 of 34 patients (#1) Findings Include: Patient #1 was a 50 year old female, who presented to the emergency room by ambulance on 1/11/09, with the primary complaints of seizure, and injury to the tongue. It was documented that she had another seizure at 1:30 PM. At 2:30 PM, the documentation indicated that Patient #1 was confused and pulled out her	A 165		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 165	Continued From page 6 intravenous line (IV). Patient #1 was also attempting to get out of bed. She was medicated with Ativan and the IV was restarted. It was documented that the Ativan was effective. At approximately 3:00 PM, the emergency room physician ordered a Posey vest restraint. Patient #1 was transferred to the intensive care unit at 4:40 PM. The entry on 1/11/09 at 7 PM indicated that soft limb wrist restraints were placed on Patient #1, because "patient restless, as she became agitated shouting and attempted to climb out of bed and pull at the IV lines." The Posey vest restraint was still in place. There was no evidence that the primary physician was informed that Patient #1's behaviors required additional restraints. There was no order for the soft wrist restraints. An interview with the ICU nurses who participated in Patient #1's care during this time interval revealed that the nurses did not recall this patient. Cross refer: A0164, A0166, A0167, and A0168	A 165		
A 166	482.13(e)(4)(i) PATIENT RIGHTS: RESTRAINT OR SECLUSION The use of restraint or seclusion must be-- (i) in accordance with a written modification to the patient's plan of care. This STANDARD is not met as evidenced by: Based on clinical record review, interview and facility policy review, the facility failed to ensure that physical restraints, specifically a Posey vest restraint and soft limb restraints were used in accordance with a written modification to the patient's plan of care in 1 of 34 patients (#1)	A 166		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 166	Continued From page 7 Findings Include: Patient #1 was a 50 year old female, who presented to the emergency room by ambulance on 1/11/09, with the primary complaints of seizures, and injury to the tongue. She had blood around her mouth and her tongue was swollen at the tip. Patient #1 had another seizure at 1:30 PM. At 2:30 PM, the documentation revealed that Patient #1 was confused and pulled out her IV. Patient #1 was also attempting to get out of bed. She was medicated with Ativan and the intravenous line (IV) was restarted. It was documented that the Ativan was effective. At approximately 3:00 PM, the emergency room physician ordered a Posey vest restraint. He identified that the conditions requiring the restraints were Patient #1's: inability to follow instruction, she was confused/forgetful, her judgement was impaired, she was removing intravenous lines, she was agitated and confused and forgetful or non-compliant. Patient #1 was transferred to the intensive care unit. The ICU entry on 1/11/09 at 7:00 PM indicated that soft limb wrist restraints were placed on Patient #1 , because "patient restless, as she became agitated shouting and attempted to climb out of bed and pull at the IV lines." An interview with the RN case manager and ICU RN department manager on 3/30/09, confirmed that the plan of care was initiated 1/11/09, revealed that the admitting nurse identified airway protection and alteration of comfort as a problem. There was no documentation to indicate that Patient #1 had a minimum of two seizures that day, that she was in a Posey vest restraint and	A 166		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 166	Continued From page 8 soft limb wrist restraints and that she was exhibiting some confusion or was forgetful. There was no documentation that her airway protection should have identified: 1) she had bitten her tongue resulting in swelling, bruising and bleeding, or; 2) that she had vomited several times in the emergency room. The care plan did not specifically address that because of Patient #1's confusion, tongue injury and recent vomiting, and the restrictions of the Posey vest and the limb restraints, that she was at risk for aspiration because of her limited mobility. The care plan was not revised until 1/13/09 when a nurse added "potential for injury; diagnoses Alcohol seizures" and "alternation in neuro status related to new seizures". The clinical record revealed that Patient #1 was discharged home on 1/13/09. An interview with the ICU charge nurse and an ICU nurse on 3/31/09 acknowledged the plan of care did not address Patient #1's specific needs in a timely manner.	A 166		
A 167	Cross refer: A0164, A0165, A0167, and A0168 482.13(e)(4)(ii) PATIENT RIGHTS: RESTRAINT OR SECLUSION [The use of restraint or seclusion must be--] (ii) implemented in accordance with safe and appropriate restraint and seclusion techniques as determined by hospital policy in accordance with State law. This STANDARD is not met as evidenced by: Based on facility policy review, clinical record review, and interview, the facility failed to ensure that physical restraints, specifically a Posey vest	A 167		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 167	Continued From page 9	A 167		

restraint and soft limb restraints were implemented and used in accordance with safe and appropriate restraint techniques as determined by hospital policy in accordance with State law for 1 of 34 patients (#1)

Findings Include:

A review of the facility's policy for restraints, revised November 2007, described that the type and location of the restraining device

1) Will be documented at least once per shift and when changed.

2) The rationale for the restraint will be assessed on an ongoing basis and documented at least once per shift

3) Alternatives will be documented once per shift

4) Other monitoring activities will be completed a minimum of every two hours and documented.

This policy also described the various specific alternatives that could be chosen instead of restraints. These include having the family assist with companionship and supervision, re-orient the patient to their surroundings, assess for pain or discomfort, or cover IV sites with a protective wrap. There was no documentation that any of these alternatives were attempted.

Patient #1 was a 50 year old female, who presented to the emergency room by ambulance at 12:40 PM on 1/11/09, with the primary complaints of seizures, and injury to the tongue. Documentation indicated Patient #1 had another seizure at 1:30 PM and at 2:30 PM, she was confused and pulled out and was attempting to get out of bed. She was medicated with Ativan and the intravenous line (IV) was restarted. It

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 167	Continued From page 10	A 167		

was documented that the Ativan was effective. There were no other entries that Patient #1 was pulling at the IV or exhibiting any other behaviors that could cause harm.

At approximately 3:00 PM, the emergency room physician ordered a Posey vest restraint. Patient #1 was transferred to the intensive care unit. Review of the ICU narrative documentation at 5:00 PM on 1/11/09, revealed there was no indication of the presence of restraints upon arrival in the ICU. At 7:00 PM, the second shift nurse documented that "Patient with Posey vest and soft wrist restraints in place because patient becomes agitated, shouts, and attempts to climb out of bed and pull at lines". There was no further documentation regarding Patient #1's behaviors, responses to treatments or need for ongoing restraints for the rest of the shift which ended at 7:00 AM 1/12/09. Narrative charting for 1/12/09, revealed that at 7:00 AM, Patient #1 had the wrist restraints and the Posey vest still on. Documentation for the next 24 hours revealed no further documentation of any restraint or change.

A Restraint Documentation form indicated that Patient #1 was listed as a Criteria 1 need for restraints. A Criteria 1 indicated that the restraints were for medical reasons. This form used a number system identified on the back of the sheet to indicate what pre-restraint measures were used, but it did not indicate whether these were effective at times. There was no indication on 1/11/09 or 1/12/09, that the limb restraints were removed to provide range of motion. There was no evidence that the restraints were ever removed in a trial release, although the form included these prompts. The form did include an entry on 1/12/09, in the space for 9-11 AM "off

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 167	Continued From page 11 ER cord". On 3/31/09, an interview with an ICU registered nurse confirmed it was her entry. She recalled the restraints were removed (off) and she applied an ER cord to Patient #1. An ER cord was similar to a bed/chair alarm to alert staff if a patient tried to get out of bed unassisted. She confirmed there was no further documentation or any evidence that Patient #1 had been monitored to ensure that the ER cord was sufficient and that Patient #1 did not have any further behavior concerns. Review of the clinical record revealed that an "Alcohol Withdrawal Severity Assessment" was initiated at 5:15 PM. This form identified behaviors, and included the instructions that if "a score was > 5 (greater than five), and the respiratory rate was >12 (greater than 12), Valium was to be administered in a dose prescribed according to the score. This form also instructed the staff that reassessments should be done every 15-30 minutes after each dose of Valium. Once the score was less than five, then the nursing staff were to monitor the patients every two hours while the patient was awake and every four hours if the patient was sleeping. Although this tool was not used for restraint monitoring, it did reveal that Patient #1 received Valium from 5:15 PM on 1/11/09, through 4:15 AM on 1/12/09. This form demonstrated that Patient #1's scores remained at 15 or above until 4:15 AM. Although this form did include some of the behaviors that Patient #1 was exhibiting that required interventions, there was no documentation that Patient #1 was requiring restraints to help assist protecting her from injury because of these behaviors.	A 167		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 167	Continued From page 12	A 167		

This form also revealed that the nursing staff did not document the recommended 15-30 minute assessments following Valium administration. At 6:20 PM on 1/11/09, Patient #1 received 7.5 milligrams (mg) of Valium for a score of 18. The next documented assessment was done at 8:40 PM (approximately 2.5 hours later) when Patient #1 received 7.5 mg of Valium for a severity score of 20. This form continued to reveal that Patient #1 received four more doses of Valium throughout the night but there was no evidence of every 15 -30 minute assessments after any of these Valium doses. The last documentation was at 7:00 AM on 1/12/09. Although Patient #1's severity score remained at 8, no Valium was given. It was documented that Patient #1 went back to sleep. There was no further documentation on this form.

There was no documentation anywhere in the clinical record that alternative, less restrictive interventions had been ineffective. There was no documentation to indicate that emergency room staff or ICU staff attempted to re-orient the patient to her surroundings and the effectiveness of this.

The clinical record also revealed that at approximately 9:30 AM on 1/12/09, the primary physician signed an order that the Posey and soft limb wrist restraints were to be continued. This corresponded with the same estimated time that the registered nurse removed the restraints and initiated the ER cord. The registered nurse and the ICU charge nurse were interviewed at 12:00 PM on 3/31/09. They could not explain these event differences, except that it was possible the restraint orders were placed in the chart by the preceding shift and the physician signed them

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 167	Continued From page 13 automatically. Cross refer: A0165, A0166, A0164, and A0168	A 167		
A 168	482.13(e)(5) PATIENT RIGHTS: RESTRAINT OR SECLUSION The use of restraint or seclusion must be in accordance with the order of a physician or other licensed independent practitioner who is responsible for the care of the patient as specified under §482.12(c) and authorized to order restraint or seclusion by hospital policy in accordance with State law. This STANDARD is not met as evidenced by: Based on clinical record review, interview and facility policy review, the facility failed to ensure that physical restraints were ordered by a physician or other licensed independent practitioner who has been trained in the hospital and state regulations regarding restraints in 1 of 34 patients (#1) Findings Include: Patient #1 was a 50 year old female, who presented to the emergency room by ambulance on 1/11/09, with the primary complaints of seizures and injury to the tongue. At approximately 3:00 PM, the emergency room physician ordered a Posey vest restraint. He identified that the conditions requiring the restraints were Patient #1's: inability to follow instruction, she was confused/forgetful, her judgement was impaired, she was removing intravenous lines, she was agitated and confused and forgetful or non-compliant.	A 168		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 168	Continued From page 14 Patient #1 was admitted to the ICU at 5:00 PM. The entry at 7:00 PM on 1/11/09, indicated that soft limb wrist restraints were placed on Patient #1, because "patient restless, as she became agitated shouting and attempted to climb out of bed and pull at the IV lines." There was no order written for the application of these wrist restraints. An interview with the ICU department manager and the RN case manager on 3/31/09 and 4/1/09, revealed that hospital employed staff were required to participate in two computer module classes; Managing Challenging Behaviors and A Guide to Restraints. The hospital programs indicated that the physicians ordering restraints would "have reviewed the facility's policy and procedures" regarding restraints. The RN case manager confirmed on 4/1/09, that physicians did not receive any training regarding the facility's policy and procedure regarding restraints. Neither she nor the ICU department manager could explain why there was no order for the soft limb wrist restraints applied in ICU. Review of the personnel record for the emergency room physician who initially ordered the restraints for Patient #1, revealed no evidence of hospital policy training or review regarding restraints in his record. Cross refer: A0164, A0165, A0166 and A0167.	A 168		
A 175	482.13(e)(10) PATIENT RIGHTS: RESTRAINT OR SECLUSION The condition of the patient who is restrained or secluded must be monitored by a physician, other licensed independent practitioner or trained staff that have completed the training criteria specified in paragraph (f) of this section at an interval	A 175		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 175	Continued From page 15 determined by hospital policy. This STANDARD is not met as evidenced by: Based on interview and review of available documentation, the hospital failed to train the physicians and the licensed independent practitioners who authorize restrained and seclusion on the use of restraints and seclusion, the hospital's policy for restraints and seclusion, deescalation techniques and alternatives to restraints and monitoring procedures. Findings include: The hospital had two "Swank" programs for training staff on "Restraints" and "Managing Difficult Behaviors. The programs were Internet based. These training programs were provided to staff at initial orientation and annually and more often if identified by their supervisor. This training involved all nursing staff. However, it did not include review by the staff physicians and licensed independent practitioners who would initiate the restraints, monitor the patient for continued needs and order alternatives to the restraints for managing difficult behavior. Random review of the files verified there was no documentation of the physicians receiving training on the different components of the hospital restraint policy, monitoring for continued need for the restraints, or use of alternative to the application of restraints. The lack of physician training was confirmed by the administrative staff and the physician who coordinated physician services.	A 175		
A 176	482.13(e)(11) PATIENT RIGHTS: RESTRAINT OR SECLUSION	A 176		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 176	Continued From page 16 Physician and other licensed independent practitioner training requirements must be specified in hospital policy. At a minimum, physicians and other licensed independent practitioners authorized to order restraint or seclusion by hospital policy in accordance with State law must have a working knowledge of hospital policy regarding the use of restraint or seclusion. This STANDARD is not met as evidenced by: Based on interview and review of available documentation, the hospital failed to train the physicians and the licensed independent practitioners who authorize restraints and seclusion on the use of restraints and seclusion, the hospital's policy for restraints and seclusion, deescalation techniques and alternatives to restraints and monitoring procedures. Findings include: The hospital had two "Swank" programs for training staff on "Restraints" and "Managing Difficult Behaviors. The programs were Internet based. These training programs were provided to staff at initial orientation and annually and more often if identified by their supervisor. This training involved all nursing staff. However, it did not include review by the staff physicians and licensed independent practitioners who would initiate the restraints, monitor the patient for continued needs and order alternatives to the restraints for managing difficult behavior. Random review of the files verified there was no documentation of the physicians receiving training on the different components of the hospital restraint policy, monitoring for continued need for	A 176		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 176	Continued From page 17 the restraints, or use of alternative to the application of restraints. The lack of physician training was confirmed by the administrative staff and the physician who coordinated physician services.	A 176		
A 396	482.23(b)(4) NURSING CARE PLAN The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to provide evidence that one patient was turned every two hours as indicated in the plan of care to prevent the development of a stage 1 decubitus ulcer for 1 of 34 patients. (Patient #9) Findings include: Patient #9 was seen in the emergency room at 6:10 PM and admitted to the facility on 2/18/09 at 11:55 PM with diagnoses including acute congestive heart failure, acute coronary syndrome, hyponatremia, pneumonia, history of seizure disorder, history of myocardial infarction, weakness, and dysphagia. According to physician orders Patient #9 was to be weighed daily, have a speech, physical therapy, and occupational therapy evaluation, oxygen supplementation, fluid restriction, and strict monitoring of intake and output. The skin/wound screen:skin assessment scale form indicated a score of 13 which was moderate risk. The form indicated the wound care nurse was to be notified for a moderate risk.	A 396		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 396	Continued From page 18 The nursing notes from 2/18/09 indicated the family was staying the night. According to the nursing variance notes on 2/19/09 at 4:20 PM the patient complained that her butt and shoulder hurt. Patient #9 was repositioned and the nurse noted a reddened area on the coccyx with a tiny area of brownish skin. A full skin assessment was done on 2/19/09 at 8:00 PM and a Stage I ulcer was identified on the buttocks. Patient #9 was repositioned at that time with pillows under the legs. It was noted the family was at the bedside. The family was at the patient's bedside twenty four hours per day from admission to discharge. An interview with the family at 9:15 AM on 4/3/09 revealed that there was a family member at the bedside twenty-four hours per day and that the patient was not turned every two hours per the intervention protocol indicated on the flowsheet dated 2/18/09.	A 396		
A 546	482.26(c)(1) RADIOLOGIST RESPONSIBIITIES A qualified full-time, part-time, or consulting radiologist must supervise the ionizing radiology services and must interpret only those radiological tests that are determined by the medical staff to require a radiologist's specialized knowledge. For purposes of this section, a radiologist is a doctor of medicine or osteopathy who is qualified by education and experience in radiology. This STANDARD is not met as evidenced by: Based on a review of Radiology policies and procedures and staff interview, the medical staff	A 546		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 546	Continued From page 19 had not determined the radiological tests which are required to be interpreted by a radiologist. Findings include: During an interview with the Radiology Manager on 4/3/09, it was determined that the Imaging interpretations read by the vascular surgeons in surgery and the cardiac cath lab, and the cardiologists who read the coronary angiography films were not approved by the medical staff.	A 546		
A 749	482.42(a)(1) INFECTION CONTROL OFFICER RESPONSIBILITIES The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel. This STANDARD is not met as evidenced by: Based on observation, interview and policy review, the facility did not ensure food was stored and prepared under sanitary conditions. Findings include: An inspection of the facility's main kitchen on 3/30/09 revealed the following: Food temperatures: Temperatures were taken of foods in the grill refrigerator drawers on 3/30/09 at 10:00 AM, with the following findings: raw chicken (44 degrees F); raw beef (46 degrees F). The dietary manger stated that the kitchen's policy was to maintain refrigerated foods at temperatures below 40 degrees F. She reported that when kitchen staff checked the temperatures of the foods in the grill drawers every morning,	A 749		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 749	Continued From page 20 the readings were consistently below 40 degrees F. These foods were not being checked at other times during the day when the grill was being used. Sanitation: The slicer was soiled with deli meats and onions/vegetables; the can opener was soiled; the coffee machine chutes were in need of cleaning; the wall near the slicer was soiled; the handsink near the grill was blocked by a water pitcher, preventing required access for proper handwashing. Food date marking: Sliced meats in the grill refrigerator drawers were dated with an expiration date but not an open date; opened containers of cottage cheese and a bag of cubed mozzarella cheese were not dated. The kitchen's policy was to mark potentially hazardous foods with an expiration (discard) date of five days after preparation or opening. The policy did not address marking these food items with the date of opening or preparation as required to ensure accurate monitoring of discard dates. An inspection of the kitchen at Carson Tahoe Specialty Medical Center on 3/30/09 at 11:30 AM revealed the following: the cement floor of the walk-in refrigerator was porous and in need of sealing; the vent over the dishwashing machine was dirty.	A 749		
A 951	482.51(b) OPERATING ROOM POLICIES Surgical services must be consistent with needs and resources. Policies governing surgical care must be designed to assure the achievement and maintenance of high standards of medical practice and patient care.	A 951		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 951	Continued From page 21 This STANDARD is not met as evidenced by: Based on observation, interviews, review of the facility's policies and procedures, and review of industry standards of practice the facility failed to ensure that equipment be maintained appropriately, and failed to ensure patient safety for all surgical patients. Findings include: During a tour of the surgical services floor area, a Steris machine was observed to be in use. The Central Processing Coordinator was interviewed on 3/31/09 at 9:25 AM, about routine maintenance and cleaning. She reported that the staff wipes the Steris machine weekly with 70% isopropyl alcohol. She reported that she was not aware of any routine daily maintenance required for the machine. On 3/31/09 at 10:00 AM, the contracted service representative that services the facility's equipment was interviewed and reported that the machine was to be cleaned daily. Review of the facility's central processing and the the routine maintenance of the Steris machine revealed that the manufacturer recommended the following daily cleaning and checks: Step 1: Wipe processor with a soft cloth dampened with 70% isopropyl alcohol of the processing tray. Step 2: Open lid Step 3: Clean processing tray. Flexible processing tray: Wipe the inner surface and seal, processing tray/container, and accessory rack with a soft cloth dampened with 70% isopropyl	A 951		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 951	Continued From page 22 alcohol. Step 4. Wipe aspirator assembly and sterilant compartment with a soft cloth dampened with 70 % isopropyl alcohol. Step 5. Check aspirator assembly: probe lumen clear, no cracks or chips, hose connection clear. Replace aspirator assembly if any damage is noted. During a tour of the surgical services and central processing areas on 3/31/09, five autoclaves were observed. The central processing coordinator reported that there were two on the surgical services floor and three in central processing. The Central Processing Coordinator was interviewed on 3/31/09 at 9:25 AM, and reported that the autoclaves in central processing were cleaned weekly and the ones on the surgical services floor were cleaned monthly. Review of the facility's policy and procedure #IC OR, titled: Subject: Cleaning Autoclaves: Effective date 9/30/05, revealed: Policy: "It is the policy of the facility that routine preventive maintenance/cleaning procedures will be completed according to manufacturers recommendations. Sterilizers will be wiped daily and chambers cleaned each week." During a tour of the endoscopy procedure area on 3/31/09, an endoscope reprocessor was observed. The endoscopy charge nurse reported that he was not aware of any daily or quarterly maintenance that needed to be done for the endoscope reprocessor.	A 951		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 951	Continued From page 23 Review of the manufacturer's handbook revealed the following: 1. At the end of each day, clean the processing chamber with a chlorine-based agent such as Comet or Ajax and a soft cloth. 3. Simultaneously, press F5 to "empty" the processing chamber, and continue to spray the chamber with water until all residue has been removed. Cleaning the filter screen: This screen acts as a filter to prevent sediment from recirculating through the channels of the device being processed, and must be cleaned on a routine basis. Routine Maintenance Procedure: To maintain your endoscope processor system in optimal condition, routine maintenance procedures must be performed on a quarterly basis. 7. Inspect interior of the system for visible leakage. If leakage is apparent, locate the source of the leak and repair. 8. Check filter screens and hoses for wear. Replace as needed. 9. Clean all the solenoid housings and diaphragms per instructions in the bio-medical manual. 10. Inspect impellers for foreign objects. 11. Check all the compression fittings. 12. Check hand spray tubing, handle and fittings for leakage and wear. 13. Check plumbing unions in the disinfectant feed, return, and drain lines. 14. Check purge pumps to the counter top manifold to insure coil is secure. 15. Check military connector to ultrasonic generator from transducer on the bottom of the	A 951		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 951	Continued From page 24 ultrasonic chamber. Check the ground lug on the transducer plate located next to the gray shielded cable to the generator. 16. Clean the front and rear louvers of the generator enclosure. 17. Check and secure all four (interface) plugs. 18. Check the drain and residual drain hoses for wear at the site of the standpipe. 19. Check the movement of the circuit breaker, and inspect the hospital grade plug. 20. Check and clean the shafts of the floats 21. Check and clean the shaft of there float. 22. Locate and remove the filter screen, and replace... On 3/30/09 at 9:00 AM, an endoscopy procedure was observed. After the procedure an irrigation bottle of 1000 milliliters of sterile water was observed to be connected to a pump. The endoscopy charge nurse was asked how often the irrigation bottle and tubing were changed, and he reported that the tubing was changed at the end of the day, or every 24 hours. He further reported that the bottle was emptied at the end of the day, rinsed and then refilled with tap water in preparation for the following day. Review of the pumps operator manual revealed that the bottle was to be changed "after clinical use." On 3/30/09 at 11:15 AM, a clinical representative for the manufacturer was interviewed and reported that single use irrigation bottle was to be discarded daily and replaced with a new sterile water bottle, or a reusable bottle may be used but must be high-level disinfected daily. She reported that the use of tap water was never	A 951		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 951	Continued From page 25 recommended. On 3/30/09 at 11:40 AM, an endoscopy tech was observed coiling a pediatric endoscope in a drawer for storage after processing. The endoscopy technician was interviewed on 3/30/09 at 11:40 AM, and reported that the endoscope was being placed in the drawer so that it could be easily accessed if needed. He reported that he had forced compressed air through the endoscope to facilitate drying, but that there was residual moisture in the scope at the time that it was placed in the drawer. Review of the manufacturer's endoscope reprocessing manual, revealed: Caution: -The storage cabinet must be clean, dry, well ventilated and maintained at ambient temperature. Storing the endoscope in direct sunlight, high humidity or exposed to x-rays may damage the endoscope or present an infection control risk. -Do not store the endoscope in the carrying case... Routinely storing the endoscope in a humid, non-ventilated environment such as the carrying case may present an infection control risk. 5. Hang the endoscope in the storage cabinet with the distal end hanging freely. Make sure that the insertion tube hangs vertically and as straight as possible. Review of the AORN standards of practice: Cleaning and processing endoscopes, recommendation V, revealed the following: 2. After processing, hang endoscopes in a	A 951		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 951	Continued From page 26 vertical position to facilitate drying. Store them in a manner that protects them from contamination. On 3/30/09, the water system that is connected to the endoscope reprocessor was reviewed with the surgical services director and the endoscopy procedures charge nurse. The system was noted to have a filtration system in place that supplies the endoscope processor. The system was observed to have two filters in place, a 0.5 micron and a 0.1 micron. On 3/30/09 at 10:50 AM, the endoscopy charge nurse was interviewed related to routine maintenance of the filtration system and reported that the endoscope reprocessor water supply filters are changed about once per year or sooner if they become clogged. The filter manufacturer's service representative was interviewed on 3/30/09 at 11:15 AM, and reported that the filters are to be changed at a minimum of every six months, and that filters may need to be changed more frequently depending on the number of cases performed, and the quality of the water supplied to the filter. On 3/30/09 at 2:05 PM, a surgical procedure was observed. During the procedure a light cable, which was connected to a light source and turned on, was observed to have been lying directly on the patient's surgical drape. The surgical services director was interviewed and reported that the surgery services department follows the Association of PeriOperative Registered Nurses (AORN) standards of practice.	A 951		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 951	Continued From page 27 Review of the AORN standards of practice related to fire safety in the operating rooms revealed the following: Fire Risk - Ignition Table, Ignition Sources, read: - Place the light source away from items that are flammable. - Do not place a light cable that is connected to a light source on drapes, sponges, or anything else that is flammable. On 3/31/09 the operating room suites were toured with the surgical services director. When asked what the relative humidity was in operating room, he replied "I don't know, bioengineering controls that." The facilities manager was interviewed and reported that the humidity was controlled centrally to all of the operating suites, and that bioengineering monitors the the levels on an ongoing basis. The facilities manager provided a graph of the humidity levels for the operation suites. The relative humidity was noted to be between 12% and 26 % (recommended 30-60%). The facilities manager reported that the humidity sensor was not functional on 3/30/09, and that the humidity levels could not be monitored. The facilities manager provided trending reports and was able to correlate drops in humidity to the operating room doors being kept open. On 3/31/09 at 11:00 AM the sterile supply room was toured. Surgical instruments that were ready for use, were found to contain water marks and were marked with a marking pen on the plastic side of six processing pouches. On 3/31/09 at 11:00 AM the central processing coordinator was interviewed and reported that the six pouches that had water marks should have been reprocessed. She reported the pouches are	A 951		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 951	Continued From page 28 marked with a marking pen to identify the instrument quickly. The processing pouch manufacturer's representative was interviewed and reported that the pouches should be reprocessed if they contain water marks after processing. He further reported that the pouches should never be marked except for the seal. He reported that marking of the pouches was not recommended and that a record card should be placed in the pouch to identify each processed item. Several double peel packed pouches with sterile instruments ready for use were observed. It was noted that the inner pouch was folded inside of the outer pouch. The central processing coordinator was interviewed and reported that the facility had a limited supply of pouch sizes and that not all of them fit without folding. The processing pouch manufacturer's representative was interviewed and reported that the pouches should not be folded. He further reported that double wrapping items was not recommended. He reported that if an item required double wrapping, the inner pouch must fit inside of the outer pouch without folding the inner pouch to ensure proper sterilization. A tour in the Obstetrical (OB) department on 3/31/09, confirmed that the delivery room contained a Steris autoclave. The OB technician did confirm that the OB department was required to have an autoclave available to sterilize instruments if needed in an emergency, but she	A 951		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 951	Continued From page 29 could not recall when it was last needed for an OB need. The OB technician has been in this position for over eight years. The OB technician confirmed she performed weekly biological tests to confirm the autoclave was functioning. The OB technician also confirmed that this autoclave was used as a back-up for the surgery department, and was used on 2/13/09, to sterilize some operating room instruments. An inspection tag present on the autoclave showed it was last serviced on 7/30/08, and was due to be serviced in 10/2008. The OB technician did not know why it was not serviced. The Clinical manager for OB and the Steris representative confirmed by telephone on 4/1/09, that because this autoclave was not used, it had been removed from the quarterly service contract. The OB technician was to report any malfunctions with the weekly tests, and then it would be serviced. The OB technician confirmed in an interview on 4/1/09, that she was unaware that this particular autoclave needed to be flushed daily per manufactures's recommendation because it contained it's own steam generator.	A 951		
A1154	482.57(a)(2) ADEQUATE RESPIRATORY CARE STAFFING There must be adequate numbers of respiratory therapists, respiratory therapy technicians, and other personnel who meet the qualifications specified by the medical staff, consistent with State law. This STANDARD is not met as evidenced by: Based on a review of Respiratory therapy policies and procedures and interview with the Respiratory manager, the medical staff have not	A1154		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	290019	A. BUILDING _____ B. WING _____	04/08/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARSON TAHOE REGIONAL MEDICAL CENTER	1600 MEDICAL PARKWAY CARSON CITY, NV 89703

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A1154	Continued From page 30 specified the qualifications of the respiratory therapy personnel. Findings include: The policies lacked documented evidence of qualifications specified by the medical staff for the respiratory therapists, and an interview with the manager on 4/7/09, confirmed that there was no record of medical staff approval for the personnel qualifications.	A1154		
A1160	482.57(b) RESPIRATORY CARE SERVICES POLICIES Services must be delivered in accordance with medical staff directives. This STANDARD is not met as evidenced by: Based on a review of Respiratory therapy policies and procedures and an interview with the Respiratory therapy manager, there was no record of medical staff approval for the Respiratory therapy services. Findings include: The Respiratory therapy manager confirmed during an interview on 4/7/09, that there was no documented evidence of medical staff approval for the Respiratory therapy services.	A1160		